

IN-4A FORM Public Accommodation QuestionnaireHarrisburg Human Relations Commission
Use only

Docket No. _____

EEOC No. _____

Social Security No. _____

HHRC can investigate complaints of discrimination in: (1) Employment based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a person with a disability, possession of a GED-based diploma, sexual preference/orientation, familial status, place of birth, marital status and (2) Public Accommodations based upon race, color, religion, sex, ancestry, Age (40-70), sex, national origin, disability, known association with a person with a disability, possession of a GED-based diploma, sexual preference/orientation, familial status, place of birth, marital status or the use of a guide or support animal due to blindness, deafness or physical disability or because the user is a handler or trainer of such animals.

IN-4A FORM-Public Accommodations Questionnaire Complaint Incident Information

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every relevant question to the best of your present knowledge, information and belief. If you are unsure of an answer, please say so. It is your responsibility to notify this Commission of a change of address or times of unavailability. Failure to notify this Commission may result in dismissal of your case.

Section 1

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H (____) _____ W (____) _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring any documentation that you have which would help to correctly identify the entity.

Section 2

Name of public accommodation your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

County _____ Telephone No. (____) _____

Section 3

Name and address of person who will know how to contact you. This person should not reside in your home.

Name _____

Address _____

City _____

Telephone No. H(____) _____ W(____) _____

Section 4

In this Questionnaire, you will see the word “ class” mentioned. **Class means the person’s race, sex, disability and so on.** Depending on the issues in your complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A 45-year old person with a disability could belong to age/40+ and disability/diabetes.

Identify all persons named in your complaint in this questionnaire by their class ie.: John Doe (White male), John Doe (Disability), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

Section 5

1. **Discrimination means difference in treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you. Please give specific dates.

2. If you believe the place of public accommodation treated you this way because of one or more of the reasons listed below, please check those that apply.

<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Retaliation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Color
<input type="checkbox"/> Religion	<input type="checkbox"/> Disability*	
<input type="checkbox"/> Use of guide dog or support animal		
<input type="checkbox"/> User is a handler/trainer of support/guide animal		

*Please identify your disability _____

3. If your complaint alleges a need for an accommodation, describe what accommodation is required because of your protected class.

4. Did you complain to management about the problem(s)? Identify the name and title of the person to whom you complained. Describe what action was taken by management.

5. Has anyone else been treated as you were? Please list them and identify by race, sex, age, etc.

Name	Class (race, sex, age, etc.)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

- 5a. What happened to him or her?

6. Name other people who have been treated differently. Please list them and identify their race, sex, age, etc.

Name	Class (race, sex, age, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

- 6a. What happened to him or her?

7. Because of the action taken against you, did you suffer any monetary loss or lose benefits. Please include any out-of-pocket expenses.

8. What have you done to make up for the loss(es) or benefit(s) you have listed above.

9. Have you filed a complaint about this matter with any other commission or agency? If so, please specify the Commission or agency and the date you filed, to the best of your recollection.

Name of Agency/Commission _____

Date Complaint was Filed _____

Docket No. _____

10. Have you taken any court action regarding this matter? If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____ Date Filed _____

City _____ County _____ State _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

Section 6

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature Date

Address

City State Zip Code

Home Telephone Number Work Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]